

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-088917	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1					51					
2	1		1				52					
3	0		1				53					
4	1		1				54					
5	1		1				55					
6	1		1				56					
7	0		1				57					
8	0		1				58					
9	0		1				59					
10	0		1				60					
11	0		1				61					
12	0		1				62					
13	0		1				63					
14	0		1				64					
15	0		1				65					
16	0		1				66					
17	0		1				67					
18	0		1				68					
19	0		1				69					
20	0		1				70					
21	0		1				71					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			19				TOTAL DEP.					
TOTAL CLAIMS			22				TOTAL CLAIMS					